

DEPARTMENT OF COMMERCE
RECEIVED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27581

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3239

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 106 East 31st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs. 1 (Specify whether years, months or days)
In this community 30 yrs. 1

3. (a) PRINT FULL NAME Marie Downey Ricketts

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced, widow 2
6. (b) Name of husband or wife Love Ricketts 6. (c) Age of husband or wife if alive Unknown (Month) (Day) (Year)

8. AGE: Years 86 Months -- Days -- If less than one day hr. min.

9. Birthplace Achison, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Elizabeth Downey
13. Birthplace Kansas (City, town, or county) (State or foreign country)
14. Maiden name Barbara Ann Giles
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lester Williams

(b) Address 2419 So. Mill-K. C. Ks.

17. (a) Burial (b) Date thereof 8-28-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lightland Park

18. (a) Signature of funeral director Mrs. L. L. Fowler

(b) Address 8/28/41

19. (a) Date received local registrar 8/28/41 (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 042
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 106 East 31st St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Has been seen by visiting physicians from this Hospital last visit about 2 weeks ago that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of stomach with metastases to liver and nodes; ascites and hydrothorax; Generalized edema; pulmonary congestion and edema.

Due to 46B
Other conditions (Include pregnancy within 3 months of death) 46B

Major findings: Of operations 46B
Of autopsy See above diagnosis based on Autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.
23. Signature Mary R. Horn (M. D. or other) D
Address Med. Dir. K. C. Gen. Hospital Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No. 4me
working under my personal supervision.

Signed

[Handwritten Signature]

Licensed Embalmer No.

25-70

P. O. Address

[Handwritten Address]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.